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Massachusetts Rehabilitation Commission

LONG RANGE PLAN

Fiscal Year

1992 to 1996

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Commissioner of Rehabilitation

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Massachusetts Rehabilitation Commission

Long Range Plan

Fiscal Year 1992 to 1996

FOREWORD

The Long Range Plan of the Massachusetts Rehabilitation Commission is prepared to provide the reader with a vision of the mission and purpose of the Agency and its services for people with disabilities.

The Long Range Plan is organized from a series of mission and goal statements that present the service and administrative overview of the Agency's mandate. This mandate has been established through the definitions in State and Federal law and further refined by the compact that has been developed over the years between the Agency, its clients, disability advocates, vendors, legislators, employees, and the public.

The goals of the Long Range Plan are reflected throughout the operation of the Agency. These goals are addressed in the Annual Plan (the Agency's specific goals and objectives established for each year). Accomplishments and achievements made by the Agency in accordance with the Long Range Plan are identified in the Agency's Annual Report.

The Long Range Plan includes an overall mission statement, and a set of guidelines or principles and operational goals. A mission statement, goals and objectives are specified for each of the three divisions within the Agency. These divisions are the Vocational Services Division, the Independent Living Division and the Disability Determination Services Division. A narrative introduction for each division describes the general purpose and function for that division and highlights significant developments and achievements in the past several years.

Finally, important information relating to the Agency's legal authority, Agency budget and organization is included in appendices.

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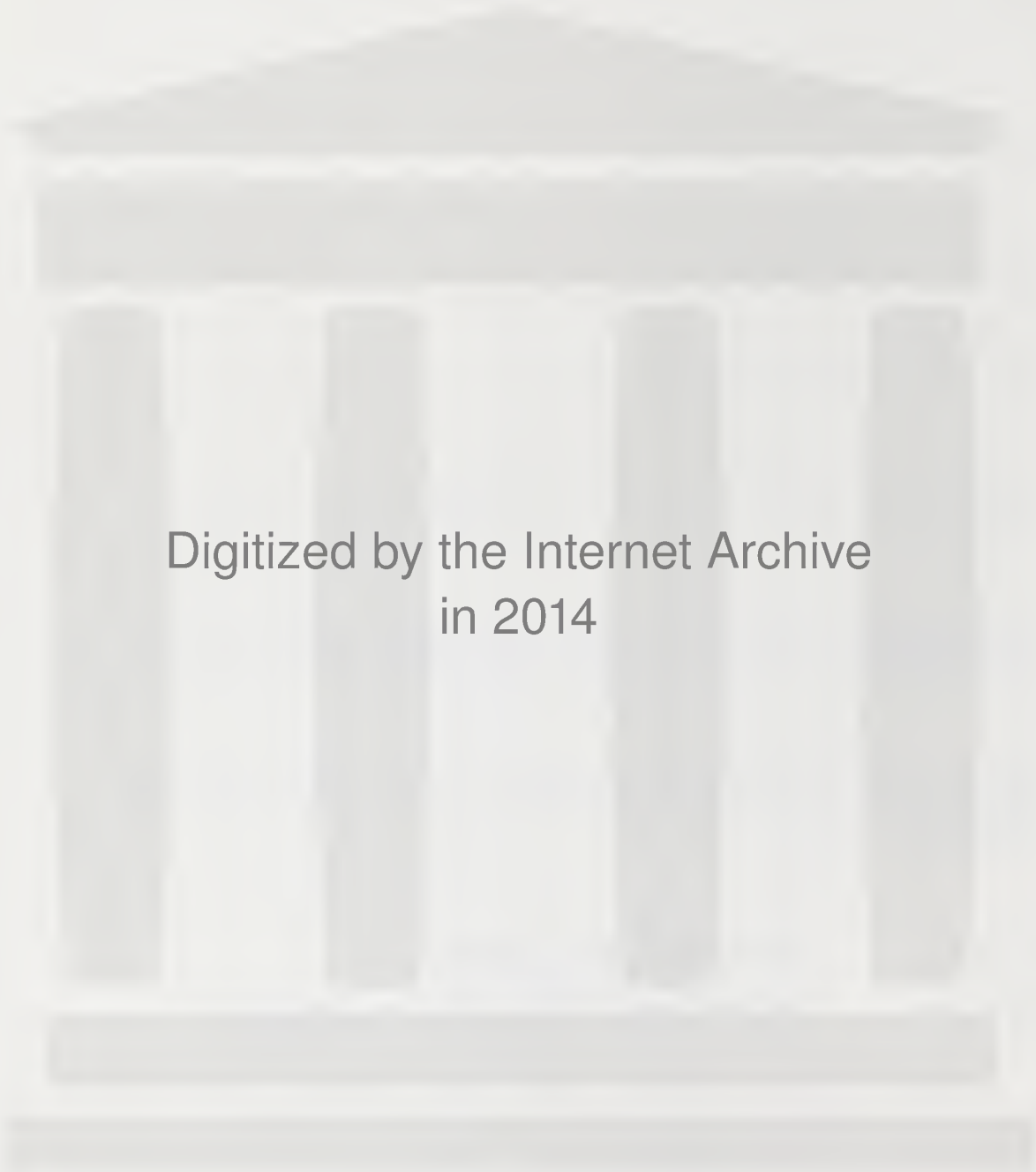
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ELMER C. BARTELS
Commissioner

The Commonwealth of Massachusetts
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Massachusetts Rehabilitation Commission
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PRINCIPLES OF OPERATION

MISSION

The purpose of the Massachusetts Rehabilitation Commission is to provide comprehensive services which maximize quality of life and economic self-sufficiency for for people with disabilities. This is accomplished through multiple programs including Vocational Rehabilitation, Independent Living Rehabilitation and Disability Determination for Social Security Benefits.

PHILOSOPHY TOWARD PEOPLE WE SERVE

The Massachusetts Rehabilitation Commission serves people with disabilities in a manner which respects their inherent self worth and dignity. We encourage people with disabilities to direct their own lives and to make their own decisions. We are committed to assisting them in their endeavors through mutual participation and communication throughout all service delivery. Consumer participation and ideas are to be considered and incorporated into all programs.

Clients of the Commission must be afforded opportunities to achieve full participation in society, including, but not limited to, independent functioning within the home, community and the work place.

PHILOSOPHY TOWARD SERVICES

The Massachusetts Rehabilitation Commission provides services as effectively and efficiently as possible. We seek the resources necessary to attain our mission by taking a leadership role in coordinating services and interagency programs. Comprehensive services must involve not only persons with disabilities and agency staff, but also families, employers, service providers, other professionals and society at large.

PHILOSOPHY TOWARD THE PUBLIC

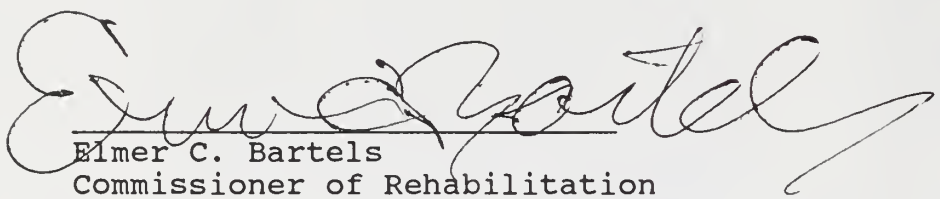
The Massachusetts Rehabilitation Commission is accountable to the public whose influence on agency and governmental policies effect services and benefits for people with disabilities. We operate in concert with legislative mandates and public influence to provide the maximum possible benefits to society based upon funds invested in the program.

No individual shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity operated or supported by the agency on the basis of race, sex, age, creed, national origin or disability.

PHILOSOPHY TOWARD AGENCY STAFF

The Massachusetts Rehabilitation Commission believes the agency is responsible for defining and articulating its management philosophy, processes and practices. We recognize the value of all members of the organization and respect participatory management. We use sound evaluation methodology to direct agency change and service improvement. We encourage ongoing innovation and productive change in order to improve our operation.

Staff is our most important resource. We treat one another in a manner which respects human worth and dignity. Our physical and psychological environment must ensure the health and safety of all agency staff. Employee relations are supported through an open communication system which encourages participation from all levels of the organization. We hire and promote qualified people without regard to race, sex, age, creed, national origin or disability. We are committed to well defined performance expectations for all staff. We uphold high standards of professional ethics and we encourage staff to achieve excellence through skill and career development.



Elmer C. Bartels
Commissioner of Rehabilitation

I. MISSION OF THE AGENCY

OVERALL MISSION STATEMENT

THE PURPOSE OF THE MASSACHUSETTS REHABILITATION COMMISSION IS TO PROVIDE COMPREHENSIVE SERVICES WHICH MAXIMIZE QUALITY OF LIFE AND ECONOMIC SELF-SUFFICIENCY FOR PEOPLE WITH DISABILITIES. THIS IS ACCOMPLISHED THROUGH MULTIPLE PROGRAMS INCLUDING VOCATIONAL REHABILITATION, INDEPENDENT LIVING, AND DISABILITY DETERMINATION FOR SOCIAL SECURITY BENEFITS, MEDICAID AND COMMONHEALTH.

CLARIFYING MISSION STATEMENTS

- TO PROVIDE TIMELY AND HIGH QUALITY VOCATIONAL REHABILITATION, EMPLOYMENT, JOB PLACEMENT PROGRAMS, AND OTHER SPECIFIED SUPPORT SERVICES, SUCH AS TRAINING AND TRANSPORTATION FOR ELIGIBLE INDIVIDUALS WITH MENTAL OR PHYSICAL DISABILITIES IN ORDER THAT THEY MAY ACHIEVE AND MAINTAIN GAINFUL EMPLOYMENT.

- TO PROVIDE INDEPENDENT LIVING REHABILITATION SERVICES, INCLUDING HOUSING SERVICES, EITHER DIRECTLY, OR THROUGH A NETWORK OF INDEPENDENT LIVING CENTERS, SERVICES AND PROGRAMS TO ASSIST INDIVIDUALS WITH DISABILITIES TO LIVE INDEPENDENTLY IN THE COMMUNITY.

- TO PROVIDE FAIR AND TIMELY DISABILITY DETERMINATION SERVICES IN THE PROCESSING OF CLAIMS FOR PEOPLE WITH DISABILITIES UNDER TITLE II, XVI AND XIX OF THE SOCIAL SECURITY ACT (SSI/SSDI/MEDICAID) AND COMMONHEALTH.

SPECIFIC PROGRAM GOALS OF THE COMMISSIONER

GOAL: TO OVERSEE THE VOCATIONAL SERVICES OF THE AGENCY TO ASSURE ACCESS AND QUALITY OF SERVICES IN ASSISTING PEOPLE WITH DISABILITIES TO ACHIEVE WORK GOALS (SEE VOCATIONAL SERVICES DIVISION MISSION & GOALS).

GOAL: TO OVERSEE THE INDEPENDENT LIVING SERVICES OF THE AGENCY TO ASSURE ACCESS AND QUALITY OF SERVICES IN ASSISTING PEOPLE WITH MENTAL OR PHYSICAL DISABILITIES TO ACHIEVE INDEPENDENT LIVING GOALS (SEE INDEPENDENT LIVING SERVICES DIVISION MISSION AND GOALS).

GOAL: TO OVERSEE THE OPERATION OF THE DISABILITY DETERMINATION SERVICES OF THE AGENCY TO ASSURE TIMELY, ACCURATE, AND FAIR DECISIONS ON SSI/DI, MEDICAID, AND COMMONHEALTH DETERMINATION (SEE DISABILITY DETERMINATION SERVICES DIVISION MISSION AND GOALS).

GOAL: TO RESPOND EFFECTIVELY THROUGH OMBUDSMEN, ADVOCACY, ADMINISTRATIVE REVIEW, AND FAIR HEARING SERVICES TO PROVIDE EQUITY OF SERVICES IN MEETING THE NEEDS OF PEOPLE WITH DISABILITIES SERVED BY THE AGENCY.

GOAL: TO ENCOURAGE AND SUPPORT PROVIDERS IN DELIVERING QUALITY REHABILITATION SERVICES TO MEET THE NEEDS OF AGENCY CLIENTS THROUGH STRONG INTERAGENCY RELATIONSHIPS INCLUDING MONITORING AND TECHNICAL ASSISTANCE.

GOAL: TO MANAGE, AND CONTINUE THE DEVELOPMENT OF, GOOD RELATIONSHIPS WITH CONSTITUENT PUBLICS INCLUDING EMPLOYERS, CONSUMERS, FAMILY MEMBERS, COMMUNITY GROUPS, LEGISLATORS, AND THE PUBLIC AT LARGE IN ORDER TO RAISE AWARENESS OF DISABILITY ISSUES AND TO PROMOTE PUBLIC INTEREST IN, AND SUPPORTIVE PARTNERSHIPS WITH, THE AGENCY AND ITS MISSION. INCLUDED IN THIS WILL BE AN EMPHASIS ON EDUCATING THESE CONSITUENCIES ON THE CONTENT AND IMPLICATIONS OF THE AMERICANS WITH DISABILITIES ACT.

GOAL: TO CONTINUE A CLOSE WORKING RELATIONSHIP WITH THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND RELEVANT STATE AGENCIES TO ASSURE A WELL INTEGRATED SERVICE DELIVERY SYSTEM FOR PEOPLE WITH DISABILITIES WITH STRONG INTER-AGENCY RELATIONSHIPS.

GOAL: TO DEVELOP A CLOSE WORKING RELATIONSHIP WITH THE EXECUTIVE OFFICE OF TRANSPORTATION AND CONSTRUCTION AND OTHER RELEVANT TRANSPORTATION AGENCIES TO INCREASE THE AVAILABILITY OF ACCESSIBLE AND ADEQUATE TRANSPORTATION WITHIN MASSACHUSETTS FOR ALL PERSONS WITH DISABILITIES.

GOAL: TO CONTINUE THE DEVELOPMENT OF EFFECTIVE WORKING RELATIONSHIPS WITH OTHER SECRETARIATS AND STATE AGENCIES, INCLUDING: THE EXECUTIVE OFFICE OF COMMUNITIES AND DEVELOPMENT, THE EXECUTIVE OFFICE OF ELDER AFFAIRS, THE DEPARTMENT OF EDUCATION AND THE DEPARTMENT OF EMPLOYMENT AND TRAINING TO ASSURE EFFECTIVE AND COMPREHENSIVE SYSTEMS OF SERVICE FOR PEOPLE WITH DISABILITY.

SPECIFIC ADMINISTRATION GOALS OF THE COMMISSIONER

GOAL: TO PROVIDE LEGAL ADVICE TO AGENCY STAFF THAT IS CONSISTENT WITH SOUND DISABILITY POLICIES AND APPLICABLE LEGAL STANDARDS CONCERNING AGENCY OPERATIONS, PROGRAMS AND POLICIES; AND TO PROVIDE LEGAL REPRESENTATION AND ADVOCACY FOR THE AGENCY AND ITS STAFF.

GOAL: TO INITIATE AND SUPPORT THE DEVELOPMENT OF AUTOMATED INFORMATION SYSTEMS TO EFFECTIVELY MANAGE AGENCY RESOURCES, SERVICE OUTCOMES, VOCATIONAL INFORMATION, AND PROFESSIONAL PRACTICE ON BEHALF OF INDIVIDUALS SERVED BY THE AGENCY.

GOAL: TO CONTINUE TO MONITOR AGENCY FINANCIAL AND PROGRAM RESOURCES AND POLICY TO ASSURE THAT THE AGENCY IS MANAGED IN A COST EFFECTIVE AND ACCOUNTABLE MANNER.

GOAL: TO WORK WITH AGENCY STAFF AND CONSUMER CONSTITUENCIES TO IMPROVE REHABILITATION AND DISABILITY DETERMINATION SERVICES FOR PEOPLE WITH DISABILITIES THROUGH STAFF AND CONSTITUENCY TRAINING AND POLICY INPUT.

GOAL: TO DEVELOP NEW AND ADDITIONAL FINANCIAL RESOURCES AS ALTERNATIVES TO STATE FUNDING, INCLUDING NEW FEDERAL OR FOUNDATION FUNDS AVAILABLE THROUGH GRANTS, ADDITIONAL FEDERAL FUNDING THROUGH SOCIAL SECURITY ADMINISTRATION REIMBURSEMENT TO THE VOCATIONAL REHABILITATION PROGRAM, AND DEVELOPMENT OF INNOVATIVE APPROACHES TO GENERATING PRIVATE SECTOR SOURCES OF REVENUE OR IN-KIND SERVICES.

II. MRC VOCATIONAL REHABILITATION AND VOCATIONAL SERVICES PROGRAMS LONG RANGE PLAN FOR STATE FISCAL YEAR 1992 - 1996 WITH HIGHLIGHTS OF STATE FY 1991

As with other Program Divisions within the MRC, the MRC Vocational Rehabilitation and Vocational Services Programs establishes its Long Range Plan with the input and guidance of consumers, agency publics and staff of the MRC.

In this Section of the MRC Long Range Plan, one will note the emphasis on long range planning within the MRC Vocational Rehabilitation (VR) and MRC Vocational Services (VS) Programs as focusing on: expanding employment and employment training programs with and for persons with severe disabilities; increasing community based, non- sheltered, work options for persons with disabilities needing ongoing, supervised and support services at the work site; an increased emphasis on multi-services over an extended period of time for eligible clients of the MRC-VR Program; an emphasis on re-entering the MRC-VR Program for persons who are under-employed (in such as Supported Employment Programs); and, an emphasis on assisting persons with disabilities to access Independent Living and other human service programs in order to build a comprehensive rehabilitation and habilitation program, in the community.

Independence through part or full time employment is a goal of the MRC-VR and VS Program.

The core Program of the MRC is the MRC Vocational Rehabilitation Program which continues to serve over 36,000 persons with disabilities, annually and vocationally rehabilitate 4,600 qualified persons to work, annually. That Program serves as a base for employment options for persons with severe disabilities.

Special projects within the MRC-VR and MRC-VS Program will be highlighted herein, too.

No one public human service program is designed to or has the capacity to provide all the necessary comprehensive services with and for persons with disabilities. The federalstate MRC-VR Program is purposefully time framed to have a beginning and ending point. To supplement the need for long term support services at a work site, national and State legislation and some (limited) fiscal resources have been developed.

The MRC advocates support the concept of de-facto focused, categorical program funding. It has been found that when one lumps funds in an attempt to provide comprehensive services via one pot of funds, that the resulting pot is totally inadequate to do much of anything. Focused funding results in the opportunity to build networked programs which result in some degree of comprehensiveness.

One notes that during State Fiscal Year 1991 that the Commonwealth's fiscal adjustment issues spilled-over into public human service programs with and for persons with disabilities. Recisions of State appropriations, coupled with Administration vetoes within the State Fiscal Year 1991 budget, caused disruption in planned MRC Vocational Services. State contracts with providers had to be revised downward twice. But no MRC clients in State-funded Vocational Services were terminated from MRC Vocational Services Programs. However, several hundred persons with disabilities were placed on (already) long waiting lists; some persons were converted to other MRC work training or work programs too.

Within the MRC Vocational Rehabilitation Program, which continues to be a federal-state funded program, the federal allotment for Federal Fiscal Year 1991 increased by 5.3% over Federal Fiscal Year 1990.

Over the past several years, traceable from 1977 when the MRC implemented a client service order of selection, the MRC-VR and VS Programs have focused on persons with severe disabilities. That emphasis included decreasing the numbers of persons in sheltered-type of employment programs. The emphasis has been placed on real work in the community; and, where necessary, supervised real work opportunities with support services available to the MRC client at work.

Such MRC programs as Supported Work and Supported Employment are established within the context of available fiscal resources. The MRC has a success record in implementing employment options. Available federal and state fiscal resources limit program options for persons with disabilities. Thus, such strategies as "conversion efforts" from the MRC Extended Employment Program to Supported Work are being utilized by the MRC.

Changes within the MRC-VR and VS Programs have and will have to occur in response to the changing needs of eligible MRC-VR and VS clients, employment opportunities in the community, and public policies established with and for persons with disabilities. Employment options for persons with disabilities have been and need to be developed in cooperation with the employers of the Commonwealth. With the realities of de-facto categorical federal (and some State) funding, the challenge is to build resources and flexibility into existing programs and to review the manner in which fiscal resources are spent versus how they could be expended. The reader notes the de-emphasis on development of new resources in this Plan, for at the Federal and State levels fiscal resources are constrained...yet, the available resources can be evaluated in terms of use, cost benefit and public policy needs, and issues of the 1990's.

As a program model of cost-effectiveness, that is also a program with a time-frame with a beginning and ending point which is measureable, the VR and VS Programs of the MRC receive bi-partisan support and the support of State and Federal Administrations.

Special projects during FY 1991 within the MRC-VR and VS Programs included: Adaptive Housing Services for VR clients; Van Modification Services for VR clients; a special project focused on persons on General Relief attaining employment; a Statewide Program for Injured Workers; a special (100% Federally funded) project focused on SSI/DI recipients getting to a work training and work program; 100% Federally funded projects focused on development of a client tracking system for persons in Community Based Employment Programs; another project focused on technical assistance to develop Supported Employment Programs; and administration of a 100% Federally funded Supported Employment Grant. And an emphasis was placed on special needs services to eligible clients who are deaf, mobility impaired, and/or bi-lingual. Also, the MRC-VR and VS Programs focused special effort on persons who are substance abusers during this past year. These projects will continue as part of the Long Range Plan.

Attention to client rights and responsibilities is emphasized in the MRC-VR and VS Programs. Through the Office of Disabilities and the Client Assistance Project the MRC client can receive external advocacy and assistance. Internally, within the MRC, the Office of Ombudsperson also continues as a valuable resource to the client having any difficulties in the MRC Programs.

A reason for the MRC-VR and VS Programs being in fluid motion to respond to current client needs is the involvement of consumers, employers, and the State and Federal legislatures working in cooperation with persons with disabilities and staff to build a Program with several options which have the goal of: INDEPENDENCE THROUGH WORK!

OVERALL LONG RANGE PLAN MISSION, GOAL, AND OBJECTIVES OF THE MRC VOCATIONAL SERVICES DIVISION

"Employment Options and Work Opportunities for All Persons with Disabilities via the MRC-VR and VS Programs."

DIVISION MISSION STATEMENT

TO PROVIDE TIMELY AND HIGH QUALITY VOCATIONAL REHABILITATION, EMPLOYMENT, AND JOB PLACEMENT PROGRAMS, AS WELL AS OTHER SPECIFIED SUPPORT SERVICES FOR ELIGIBLE INDIVIDUALS WITH MENTAL OR PHYSICAL DISABILITIES IN ORDER THAT THEY MAY ACHIEVE AND MAINTAIN GAINFUL EMPLOYMENT.

GOAL 1: **TO ASSURE MAXIMUM CLIENT SERVICE PRODUCTIVITY WITHIN THE CONSTRAINTS OF AVAILABLE AND ALLOTTED RESOURCES.**

OBJECTIVES:

1. To assure the maximum number of eligible MRC VR clients are served and vocationally rehabilitated to competitive employment along with options for re-entry into the MRC Vocational Rehabilitation Program for eligible clients who are underemployed or whose disability status has changed because of such circumstances as aging.

2. To assure that the percent of persons with severe disabilities in the MRC Vocational Rehabilitation Program continues to increase in keeping with the MRC Order of Selection and especially the intent and spirit of the Rehabilitation Act and its Amendments and the mission of the MRC.

3. To assure effective services to underserved or unserved populations, to include persons with AIDS and persons with substance abuse problems.

4. To continue to outreach to people with disabilities who are of ethnic or linguistic minorities.

5. To provide an opportunity for integrated employment for all Extended Employment Workers and to assure expansion to community based employment opportunities in the Extended Employment Program for at least 50% of all EEP workers through the Office of Employment Services by 1996.

6. To expand the Supported Work Program for persons with Mental Retardation and the Supported Work Program for persons with Mental Illness so that services are available throughout Massachusetts through the Office of Employment Services by 1996.

7. To expand supported employment and competitive employment options within both the private (e.g., community-based industry) and public (e.g., State agencies) sectors for person with severe disabilities who are currently underserved or unserved through the leadership of the Office of Employment Services by 1996.

8. To develop the MRC Injured Worker Program to be fully self sustaining and serve the Public Employee Retirement Administration (PERA) as well as selected insurers within the Commonwealth by 1995.

9. To explore by 1996 the expansion of the MRC Adaptive Housing and Van Modification Programs to all MRC eligible clients including those Independent Living clients who are unable to attain a competitive employment goal.

10. To expand the MRC General Relief Program to eventually cover all of the Department of Public Welfare Offices within the Commonwealth by 1996.

11. To expand outreach to all potentially eligible students with disabilities in local schools of the Commonwealth who need transition services to the adult human services system under the "Turning 22" State program in accordance with the Federal Individuals with Disabilities Education Act of 1991.

12. To continue to ensure full program accessibility for VR and VS eligible deaf persons by maintaining and strengthening as needed the network of specialized Rehabilitation Counselors for the Deaf on a statewide basis and by continually increasing cooperative relationships with the Massachusetts Commission for the Deaf and Hard of Hearing.

13. To continue to work collaboratively with the Department of Mental Health to expand and improve vocational rehabilitation opportunities for the mentally ill.

14. To continue to work collaboratively with the Department of Mental Retardation to expand and improve vocational rehabilitation opportunities for persons designated as mentally retarded.

15. To continue to assure locally based, physically accessible MRC access points throughout the Commonwealth through the use of existing MRC and other public and private locations throughout the Commonwealth.

16. To continue to work in cooperation with the Client Assistance Program, the Massachusetts Office on Disability, the Massachusetts Developmental Disabilities Council, Independent Living Centers, Advocates, and Public and Private Agencies concerned with public services for and public policy development about persons with severe disabilities.

17. To develop new resources to provide services of the MRC Vocational Services Programs to persons who are institutionalized and/or hospitalized who could benefit from available services of the MRC Vocational Services Programs. This should include particularly persons who are in state-run hospitals and institutions.

18. To develop and expand an MRC Bio-Engineering Unit.

19. To assure all appropriate services, as described in the Individual Written Rehabilitation Plan, to Priority I clients even if a waiting list for MRC Vocational Services has to be established due to constrained resources.

GOAL 2: **TO ASSURE FULL COMPLIANCE WITH FEDERAL AND COMMONWEALTH LAW, REGULATIONS AND GUIDELINES IN THE ADMINISTRATION OF THE MRC VOCATIONAL SERVICES DIVISION.**

OBJECTIVES:

1. To assure compliance with the Rehabilitation Act and its amendments in the administration and client service delivery system of the MRC Vocational Rehabilitation Program.

2. To assure compliance with all Commonwealth laws and regu lations applicable to all programs of the MRC Vocational Services Programs.

3. To assure timely payments to vendors and programs under contract with the MRC Vocational Rehabilitation and Vocational Services Division.

4. To assure compliance with the schedule of fees established by the Rate Setting Commission wherever fee-for-service relationships exist with vendors.

5. To assure comprehensive audits of all vendors and programs under contract with the MRC so as to assure legal and appropriate use of contracted funds from the MRC VR/VS Division.

6. To continue the automation of the MRC VR/VS Division's client tracking, fiscal system and communication systems as well as the development of bio-engineering and other telecommunication devices.

7. To assure regularly scheduled client case record compliance reviews at the Regional and Statewide levels of the MRC VR/VS Division.

8. To assure continuation of career ladder opportunities and ongoing training for all staff of the MRC VR/VS Division.

9. To assure that MRC personnel policies and practices are consistent with State Department of Personnel regulations and are responsive to ongoing needs and priorities.

10. To assure compliance with the revised State Contracting Procedures of the Executive Office of Administration and Finance.

11. To assure that the mandates of the State Office of Affirmative Action are carried out by MRC in its hiring and promotion policies.

GOAL 3: **TO ASSURE CONSUMER INVOLVEMENT ACTIVITIES AT THE AREA, REGIONAL AND STATEWIDE LEVELS OF THE MRC VOCATIONAL SERVICES DIVISION TO INCLUDE COOPERATIVE EFFORTS AND COLLABORATION WITH: CONSUMERS, EMPLOYERS, FORMER AND CURRENT CLIENTS, FEDERAL AND STATE ADMINISTRATIONS AND OTHERS.**

OBJECTIVES:

1. To assure consumer involvement via the MRC Statewide, Regional, and area-based consumer advisory councils in the development and delivery of services and administrative activities of the MRC VR/VS Division.

2. To be involved with the Client Assistance Program, advocates, coalitions, parent groups, friends and/or other public and private agencies concerned with persons with disabilities.

3. To assure involvement with employers, Work Training Programs, the Department of Employment and Training, the EOHS and its agencies in the development and delivery of coordinated service options focused on work and work opportunities for persons with disabilities.

4. To assure marketing strategies which result in publication and full awareness of services and service limits of the MRC Vocational Services Division.

5. To plan, with coalitions and others, strategies to build a comprehensive array of work option programs with and for persons with disabilities.

6. To assure access to Independent Living Programs and Public Benefit Programs to all eligible clients of the MRC Vocational Services Division.

III. INDEPENDENT LIVING SERVICES LONG RANGE PLAN FOR FY'92 AND BEYOND

The Independent Living Division continues to respond to the mission of the Agency to assist persons with disabilities to live as independently as possible in the community or with their family.

Each of the different service areas have made major strides in assisting persons with disabilities in living more independently within their family or community. The SHIP Program which serves individuals with traumatic head injuries has been successful in reducing the number of people placed out of state by 60% over the past two years. The emphasis on independence and community living is evidenced in the fact that 56% of SHIP'S residential placements in FY'91 are community based as opposed to only 33% in FY'89.

The Supportive Living Program continues to demonstrate through its two projects, the ability to provide community based housing alternatives to persons with severe physical disabilities - persons who, without the services of this program, would be living in institutional settings. This model program has also demonstrated that the philosophy of Independent Living can be extended to persons with the most severe physical disability.

Since 1984 the number of Independent Living Centers in Massachusetts has increased by 50% from 6 to 9 centers. In addition, there are five satellite centers, one of which is planning to become a stand alone center in 1991.

Since 1985 the Home Care Assistance Program (HCAP) provides vital homemaker services through 65 contract provider agencies to persons with severe physical and mental disabilities, between the ages of 18 and 59, the seriousness of whose disabilities put them at risk of much more costly rehospitalization or institutionalization. Such homemaker services, and, in addition, those provided by individuals called homecare assistants, enable people to continue to live in their own homes. These services help meet the nutritional needs of consumers who are deemed Priority I applicants:

Menu Planning
Food Shopping
Meal Preparation
Laundry
Light Housekeeping

Case management services are provided by the program's homecare staff. They provide coordination of other important indepedent living and homecare services. In FY'90, 671 users terminated the program. Some of the more significant reasons for terminationn were:

Functional Improvement - 208
Became Age 60, Referred to Elder Affairs - 140
Deceased - 97
Transfer to Personal Care attendant program models - 34

Because money appropriated during FY'90 did not sufficiently cover the cost of homemaker rates, a 1-2 hour cut was instituted for all new priority I applicants in September, 1989. Additional budget cuts in April, 1990 led to a further reduction of 1-2 hours per week for the base of 1700 Priority I applicants already in the program. There has been a waiting list for Priority II and III clients since the inception of the program (February, 1986).

The Protective Service Program has served over 275 individuals who have been seriously harmed as a result of intentional injury. Most of the individuals served are living in the community, while others are utilizing MRC emergency resources because their home situations are unsafe. The lack of a single emergency shelter slot anywhere in the Commonwealth for an individual who needs PCA services is an example of the difficulty of providing services to individuals with disabilities who have been abused.

Resources to develop long-term needs such as community based housing, respite services, and other services that assist indiviudals with disabilities to leave abusive situations in the quickest, least intrusive way possible have yet to become a reality.

Critical & Important Highlights (to date) in the Division include:

- SHIP (the Statewide Head Injury Program) continues to operate the Commonwealth's first fully operational Neurobehvorial Unit. SHIP continues to collaborate with the Office of Employment Services at MRC in the operation of four pilot supported employment projects for people with Head Injuries. In addition, there are four regional day treatment programs serving individuals who need to learn skills that will help them increase their level of independence at home and in the community.

- The Personal Care Assistance Program has continued to provide Personal Care Attendant services to working disabled individuals. Despite having funding and hours of service reduced in Fiscal Years 1990 and 1991, the program continues to provide services to 75 clients as of January 23, 1991.

  Individuals who could, have been encouraged to apply for the Commonhealth PCA program. Those remaining are best served by the MRC, PCA program. The Personal Care Assistance program works cooperatively with the Independent Living Centers and without such services, participants would be unable to remain employed at their jobs and have to receive benefits from other State/Federal programs.

- The Home Care Assistance Program was level funded in fiscal year '90 which had created a number of service problems. Because of level funding, services were reduced to all Priority One consumers by cutting hours to any persons receiving services after September 1, 1989. Additionally, effective April 1, 1990, services to all other consumers that were not previously reduced were cut by one hour. This reduction effected over 1,300 individuals receiving services. In FY'91, $500,000 was eliminated from the overall budget. This necessitated, a wait list for PI categories and elimination of grandfathered in PII & PIII clients (since 1986). The base of consumers must be reduced from 1700 to 1400.

- The IL Centers and Services Program completed its third year of using the computerized data collection system which now provides the centers and the agency with a much improved view of the services provided by IL Centers. This system is quickly becoming the National Model for IL Centers because of its usefulness and its ability to accurately reflect the Center's activities.

- The "Turning 22" program has developed alternative living situations for 18 individuals that will maximize personal independence and continues to assist in developing ITP's when required by statute to assist eligible consumers to transition from school to the community.

- The Independent Living Division collaborated with the Department of Mental Health in the establishment of the first IL Program for persons with mental disabilities at Northeast Independent Living Program in Lawrence. It is now serving consumers in group sessions doing training at many locations including mental health clinics and working on advocacy issues for the mentally ill.

- The Protective Services Program conducted nearly 200 investigations and served over 275 persons. This is nearly double the number of individuals served last fiscal year. The program was level funded and so there was little opportunity to respond to the need to develop a statewide service system of emergency housing, respite care and other needed emergency services to individuals who have been injured as a result of abuse.

During the past fiscal year the pressures of the economy have created some very difficult issues for the division and the Agency to address. Reductions in resources have resulted in cuts in virtually every program in the IL Division. In spite of these cuts the Division has continued to provide services in a manner that encourages independence and integration.

All of these activities reflect the Massachusetts Rehabilitation Commission's commitment to being a broad based services agency for and with persons with disabilities. In spite of the severe cuts the division was able to provide survival services to all presons that were in programs or receiving services. Across the board cuts were made in all programs but those in the most need were still able to receive some services.

OVERALL LONG RANGE PLAN MISSION, GOAL, AND OBJECTIVES OF THE MRC INDEPENDENT LIVING SERVICES DIVISION

DIVISION MISSION STATEMENT

TO PROVIDE, EITHER DIRECTLY OR THROUGH A NETWORK OF INDEPENDENT LIVING CENTERS, INDEPENDENT LIVING REHABILITATION SERVICES AND PROGRAMS TO ASSIST INDIVIDUALS WITH DISABILITIES TO LIVE INDEPENDENTLY IN THE COMMUNITY.

GOAL 1: **TO MANAGE INDEPENDENT LIVING REHABILITATION IN ORDER TO MAXIMIZE THE PROVISION OF INDEPENDENT LIVING SERVICES TO PERSONS WITH DISABILITIES AND TO PLAN AND COORDINATE FOR THE DELIVERY OF SERVICES TO UNDERSERVED POPULATIONS.**

OBJECTIVES:

1. To continue to refine working relationships with the various divisions and programs of the agency and with other appropriate state agencies, including MCDHH to assure the most effective use of IL resources from FY'91 through June FY'95.

2. By June 30th of each year through 1995, to revise and update the Commission's independent living plan utilizing input from consumer groups, providers and state agency personnel. Quarterly meetings with the State Independent Living Council and other entities as identified will be held in order to facilitate this process.

3. Through 1995, to integrate independent living with initiatives of other agencies to insure equitability of service delivery and disabilities served.

4. To continue to expand the funding base through Title VII funding mechanisms, State funding mechanisms and interagency agreements through June 30, 1995.

5. To continue to plan and expand independent living services to persons with mental and physical disabilities previously underserved through the development of 10 new IL Centers and/or satellites of existing centers by June 30, 1995.

6. To continue to implement and refine the computerized IL Center Evaluation System in new IL Centers to demonstrate the effectiveness of this services system and the IL Philosophy.

7. To continue to outreach to programs serving individuals who are HIV positive to provide input on IL services such as peer counseling and advocacy, and where appropriate to develop linkages with IL Centers.

GOAL 2: **TO INSURE QUALITY RELATIONS WITH INDEPENDENT LIVING CENTERS AND CONSUMERS, ESPECIALLY WITH REGARD TO (ANY AND ALL) COMMISSION, PROGRAM, SERVICE AND/OR ADMINISTRATIVE ISSUES.**

OBJECTIVES:

1. To work with other MRC staff and Divisions to identify and resolve identified issues of program coordination through June 30, 1995.

2. To further refine and develop appropriate networking options for independent living centers and programs through June 30, 1995.

3. To continue to enhance the planning and policy input aspects of the Statewide IL Council by providing staffing and other administrative support through June 30, 1995.

4. To continue to work closely and cooperatively with the Department of Public Health's Division of Drug and Alcohol Rehabilitation to facilitate access to state funded treatment programs for individuals with disabilities.

GOAL 3: **TO ASSURE, WITHIN AVAILABLE RESOURCES, THE PROVISION AND COORDINATION OF COMMUNITY BASED SERVICES FOR INDIVIDUALS IN THE COMMONWEALTH WHO HAVE INCURRED TRAUMATIC HEAD INJURIES.**

OBJECTIVES:

1. To develop a model of service delivery at SHIP that allows us to reach more individuals with fewer resources.

2. To develop the network of regionally-based services to meet the needs of our consumers on a more local level. These networks would include day programs, supported employment projects, supervised community-based housing, recreation/leisure time programs and private case management services.

3. To develop a case coordination model that focuses on information and referral services, resource development and program and management/monitoring.

4. To develop a statewide technical assistance, evaluation, consultation and training network.

5. To continue to develop and implement a Neuro-Behavioral Unit that will provide appropriate rehabilitation services to those with the most severe behavioral problems.

6. To continue to plan for the necessary resources that will adequately meet the needs of eligible SHIP clients and enhance their ability to live as independently as possible in the community or with their families.

GOAL 4: **TO MANAGE THE HOME CARE ASSISTANCE PROGRAM IN AN EFFECTIVE AND EFFICIENT MANNER TO ASSURE THAT THE MAXIMUM NUMBER OF ELIGIBLE INDIVIDUALS ARE SERVED CONTINGENT UPON AVAILABLE RESOURCES.**

OBJECTIVES:

1. To work with other MRC staff to resolve identified issues of concern through June 1995.

2. To further refine and develop appropriate networking options for independent living centers through June 1995.

3. To enhance training, supervision, and development of support staff and professional staff of the HCAP.

4. To ensure quality services for underserved populations, (e.g., persons with AIDS and persons with mental disabilities).

5. To continue developing positive working relationships with vendors, including Council of Homemakers/Home Health Aides and M.A.C.H.A.

6. To develop a training and monitoring model for home care assistants.

7. To continue reviews of the needs of individuals who are presently receiving home care services, thereby insuring quality and effective services for consumers.

8. To establish a regional based service delivery model by June 1995.

9. To ensure effective delivery of home care services by homemaker agencies by appropriate monitoring through June 1995.

10. To establish innovative communication links with consumers for improvement of program via SAC.

11. To establish working relationships and integrated policies with other State agencies regarding home care services (e.g., DSS and EOEA).

GOAL 5: **TO PLAN, COORDINATE AND DIRECT THE COMMISSION'S EFFORTS IN COOPERATION WITH THE STATE AGENCIES RESPONSIBLE FOR HOUSING, TRANSPORTATION AND OTHER ALLIED ISSUES IN ORDER TO SUPPORT AND IMPACT UPON THE GOALS OF PERSONS WITH SEVERE MENTAL AND PHYSICAL DISABILITIES ANNUALLY.**

OBJECTIVES:

1. Using the MRC statewide needs assessment of persons with severe physical and/or developmental disabilities, as well as persons with mental disabilities to begin planning for the development of funding for supported living housing programs through 1995 for individuals who could benefit from comprehensive services to maximize their ability to live independently in the community.

2. To continue to work with the "Turning 22" program to develop supported living housing programs for eligible individuals and qualified vendors to provide such services annually.

3. To continue to work with both Public and Private agencies to increase the availability of housing that is integrated, affordable, accessible and/or adaptable annually.

4. To continue to advocate for increases in the availability of Section 8 and 707 subsidy certificates, including as many as possible flexible, cross-community certificates for persons with physical and mental disabilities, with a particular emphasis on emergency set asides.

5. To encourage and support Independent Living Centers and Programs to continue developing a cohesive housing resource network to focus on non-profit housing development.

6. To develop in conjunction with the Independent Living Centers, and public and private housing agencies, a continuing centralized registry of accessible housing to be updated annually through June 30, 1995.

7. To continue to advocate for increases and appropriate housing options for persons with severe physical disabilities with incentive funding for housing adaptations and new housing stock.

8. To encourage and support independent living centers and programs in non-profit housing in developing affordable, accessible housing and/or accessible subsidized housing through appropriate state and federal programs.

9. To increase the availability of accessible Mass Transportation for persons with mental and physical disabilities through providing input to MBTA's Special Needs Advisory Committee (SNAC).

GOAL 6: **TO MANAGE THE PERSONAL CARE ASSISTANCE PROGRAM IN AN EFFECTIVE AND EFFICIENT MANNER TO INSURE THAT THE MAXIMUM NUMBER OF ELIGIBLE INDIVIDUALS ARE SERVED, CONTINGENT UPON AVAILABLE RESOURCES.**

OBJECTIVES:

1. To identify specific needs of eligible clients for PCA services and to develop a plan based on identified needs annually through June, 1995.

2. To coordinate all referrals to the MRC PCA program with the new CommonHealth Program in order to assure optimum personal care services for PCA recipients at a reasonable price.

3. To refine and implement interagency coordination and cooperation and to insure program availability for clients requiring PCA services by June, 1995.

4. To work with Executive Office of Elder Affairs (EOEA) to assist that office in transitioning MRC clients who have reached the retirement stage of their life. Independent Living services including Personal Care Assistance will need to be developed by EOEA as well as making MRC clients aware of the linkages, services and networks that are already in existence for elders. This objective could be greatly aided by the establishment of a joint agency work group to develop the framework for independent living services at EOEA.

GOAL 7: **TO PROVIDE COMMUNITY BASED, CONSUMER CONTROLLED AND DIRECTED, COMPREHENSIVE INDEPENDENT LIVING SERVICES TO "TURNING 22" PROGRAM ELIGIBLE CONSUMERS, IN ORDER TO ASSIST THOSE INDIVIDUALS TO ACHIEVE THEIR MAXIMUM POLITICAL, ECONOMIC AND SOCIAL INDEPENDENCE IN THEIR COMMUNITIES WHILE TRANSITIONING FROM SPECIAL EDUCATION TO THE ADULT HUMAN SERVICE SYSTEM.**

OBJECTIVES:

1. To establish an agency statewide advisory council specific to the "Turning 22" program and consisting of professionals, parents, educators, and at least 51% consumers in order to provide the agency with input into "Turning 22" program policies, procedures, program development and planning.

2. To work cooperatively with the two Transition & Adulthood Programs in order for independent living centers to identify, evaluate, and provide services to potential "Turning 22" program agency referrals, between the ages of 14-22 and their families and educators, to prepare them for transitional planning.

3. To establish statewide independent living residential and day/prevocational options for "Turning 22" program consumers who can not benefit from existing models.

4. To establish policies and procedures for intake, assessment, program approvals, service delivery, data tracking and reporting, program development and referral, and case closures.

GOAL 8: **TO CONTINUE TO MAINTAIN AND EXPAND THE ROLE OF CONSUMERS AND FAMILY MEMBERS IN POLICY AND PROGRAM DEVELOPMENT WITHIN ALL THE DIVISIONS OF THE COMMISSION.**

OBJECTIVES:

1. To continue to outreach to persons with disabilities who are of ethnic or linguistic minority populations through direct means or by consultation with other State and/or local, public and private agencies.

2. To continue to support and increase the number and frequency of requests for individual consumer consultants.

3. To make certain that clients are informed of the opportunities to serve in an advisory capacity.

4. To continue contact with local and national consumer disability organizations and coalitions to support the growth of a network of consumer service as well as advocacy resources.

5. To assist in the development of local and statewide consumer advisory and advocacy models supportive of disability civil rights issues.

6. To act as staff to the Statewide and Independent Living Advisory Councils.

GOAL 9: **TO DEVELOP AND IMPLEMENT A PROGRAM OF PROTECTIVE SERVICES IN FULL COMPLIANCE WITH CHAPTER 19C AND THE DISABLED PERSONS PROTECTION COMMISSION, LOCATED IN EACH REGION, AVAILABLE ON A 24 HOUR BASIS, IN CONJUNCTION WITH THE INDEPENDENT LIVING CENTERS AND OTHER COMMUNITY RESOURCES, THAT IS CONSISTENT WITH THE PRINCIPLES OF LEAST INTRUSIVE INTERVENTION AND INDEPENDENT LIVING PHILOSOPY.**

OBJECTIVES:

1. To complete an investigation on all protective service referrals which incorporates a thorough assessment of risk and preliminary service plan within ten days.

2. To develop a model of public information and education which results in the optimal reporting of the instances of abuse.

3. To develop an emergency service delivery system which is adequately staffed on a statewide basis able to provide crisis intervention and emergency housing with a response time of two hours.

4. To develop a regionally based protective service model, staffed by at least one worker in each region, with access to a protective service vendor and emergency housing resource, respite care, emergency PCA service and other services in each region.

5. To develop a prevention model which educates the public and private sector providers as well as the public with services designed to reduce the incidents of abuse and neglect. Such services will be delivered through the independent living centers.

6. To develop and implement a model of staff development which results in each protective service worker receiving six days per year of relevant clinical training.

IV. DISABILITY DETERMINATION SERVICES LONG RANGE PLAN FOR FY'90 AND BEYOND

The primary function of the Disability Determination Services Division is to conduct disability determination reviews on behalf of the Social Security Administration. In FY'91, the DDS will have provided decisions on over 59,000 claims through the services of 243 full-time equivalent staff and $22.5M. The Massachusetts DDS remains proud of its national leadership role in the area of service delivery. It was through the efforts of the state agency and its constituency that Congress passed the 1984 Disability Benefits Reform Act which dramatically changed the manner in which Continuing Disability Review claims and mental impairment claims are reviewed. The Massachusetts DDS remains committed to conducting comprehensive reviews with emphasis on treating physicians input. Our comprehensive documentation requirements have resulted in the following accomplishments:

1. The Massachusetts DDS has one of the top seven (7) allowance rates in the nation for all categories of cases.

2. The Massachusetts DDS has one of the lowest consultative examination rates in the nation.

Thus, our reviews result in the maximum number of individuals being approved for benefits based primarily on input from an individual treating source.

In addition, the Massachusetts DDS has implemented a number of innovative programs to provide timely and quality services to populations in special need. Two specific special programs are as follows:

1. AIDS: The Massachusetts DDS has a full-time AIDS Coordinator and specialty units to work with individuals who make application based on a diagnosis of AIDS or ARC.

2. Homeless: The Massachusetts DDS has established a fulltime Homeless Coordinator and specialty units to work with SSA's district offices and homeless shelters across the state.

The aforementioned initiatives have served as national models. Our services to both of these populations are second to none in the nation.

The Massachusetts DDS has done an outstanding job in the planning and implementation of the 1984 Disability Benefits Reform Act. Today, we have specialty units that work solely on Continuing Disability Review (CDR) cases. Through our comprehensive procedures, over 92% of those individuals who have their disabilities reviewed are continued on benefits. However, due to the DDS's increasing initial/reconsideration workload, CDR resources have been assigned to the processing of initial/reconsideration cases. Also, our comprehensive documentation practices and our services to those individuals with mental impairments have markedly improved. Today, over 53% of those individuals applying for disability based on a mental impairment are allowed benefits.

Finally, the Massachusetts DDS has expanded its mission by providing disability determination services for both the Medicaid Assistance Disability Assistance (MADA) and CommonHealth populations. Our implementation of these two important state programs has resulted in improved services to the public and significant cost benefit to the Commonwealth and its taxpayers.

Most importantly, the improved performance of the DDS in all categories (quality, timeliness, productivity) has occurred through the positive working relationship of the division and its constituencies. The DDS has a well established Advisory Committee that meets on a quarterly basis. Its subcommittees meet on a more frequent basis. The input and constructive work of this body has been outstanding.

As the DDS views the next five years, it anticipates concentrating on the following major areas:

1. Working with Congress to assure appropriate levels of funding and staffing in order to maintain the program achievements of the past five years.

2. Expand automation enhancement initiatives to every functional department and unit within the division.

3. Further expand the role of the division to the Commonwealth's primary source of expertise for disability determinations.

4. Further decentralize the structure to five (5) regionally based sites across the state.

5. Working with SSA and the Department of Public Welfare on a GR to SSI conversion project to increase the number of GR recipients eligible for SSI.

The successful accomplishment of the above will require the ongoing support and input of all program constituents.

OVERALL LONG RANGE PLAN MISSION, GOAL, AND OBJECTIVES OF THE MRC DISABILITY DETERMINATION SERVICES DIVISION

DIVISION MISSION STATEMENT

TO ENSURE THE ACCURATE, FAIR AND TIMELY ADJUDICATION OF CLAIMS FOR RESIDENTS OF MASSACHUSETTS MAKING APPLICATION FOR EITHER SOCIAL SECURITY DISABILITY BENEFITS (SSDI/SSI), MEDICAID ASSISTANCE-DISABILITY ASSISTANCE BENEFITS, OR COMMONHEALTH.

GOAL 1: TO MAKE TIMELY AND ACCURATE CLAIM DECISIONS IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS AND ADMINISTRATIVE PROCEDURES.

OBJECTIVES:

1. To assure timely and accurate adjudication decisions through the planning, implementing and achievement of realistic case processing goals for FY'92 - FY'96.

2. To work with the Social Security Administration and the Massachusetts Congressional Delegation to assure adequate levels of funding and staffing for FY'92 - FY'96.

3. To develop and submit a plan to SSA requesting approval for further decentralization by FY'94.

4. To work with EOHS and the House and Senate Ways and Means Committees towards the development of budget language, staffing, and funding for the MADA/CommonHealth programs in FY'92 and beyond.

5. To expand our outreach and internal capacity for providing decisions to specialty populations in immediate need (i.e., AIDS, homeless) in FY'92 and beyond.

6. To assure the accurate and timely completion of all Employee Performance Review System and Performance Management System performance appraisals for employees at all levels in FY'92 through FY'96.

7. To increase the role of supervisors and regional directors in the quality assurance function at the regional level to compensate for the budget driven down sizing of the Quality Assurance Department in FY'92 and beyond.

8. To advocate with Congress for the expansion of face-to-face evidentiary hearings for all federal cases rather than the present limitation to Continuing Disability Review beneficiaries in FY'92.

9. To assure that case processing managers assume a larger community relations role in FY'92 and beyond.

10. To promote regular meetings between case processing and support managers to assure better continuity of services beginning in FY'92 and beyond.

GOAL 2: **TO PROVIDE ONGOING IN-SERVICE AND OUT-SERVICE TRAINING AND CAREER DEVELOPMENT PROGRAMS FOR ALL STAFF AND MEDICAL VENDORS DIRECTED TOWARD THE ATTAINMENT OF DIVISIONAL AND PROFESSIONAL GROWTH GOALS FOR ALL LEVELS OF STAFF.**

OBJECTIVES:

1. By October 1st of each fiscal year to have in place a written in-service training plan based upon needs identified by examiner and management staff.

2. To support examiner and management staff in timely and accurate adjudication procedures through in-service and out-service training programs in FY'92 and beyond.

3. To inform all levels of staff in a timely manner through training bulletins directed toward new procedures, policies and practices from FY'92 through FY'96.

4. To continue to inform and educate the medical community as to the purpose, needs and responsibilities of the Division of Disability Determination Services from FY'92 through FY'96.

5. To provide specialized training in the community on the determination procedures for individuals afflicted with AIDS and the homeless populations in FY'92 and beyond.

6. To work more cooperatively with the Training Department of the Central Office in the development and implementation of training programs that may prove mutually beneficial to all divisions.

GOAL 3: **TO ASSURE AWARENESS AND INVOLVEMENT OF CONSUMERS, ADVOCACY GROUPS, AND PUBLIC AND PRIVATE AGENCIES OF THE OPERATIONS OF THE DIVISION FOR JOINT ADVOCACY AND EFFORTS TOWARD INTEGRATED PLANNING.**

OBJECTIVES:

1. To continue to implement a community relations specialist function with the division to provide education and resolve problems of the program's constituency through FY'96.

2. To maintain the operatins of the DDS Advisory Committee to obtain input and recommendations regarding the operations of the division through FY'96.

3. To continue to advocate and inform consumer/advocacy groups and the general public of federal/state trends that will affect the capacity of the division in carrying out its mission through FY'96.

4. To conduct annual meetings with the staff of the Massachusetts Congressional Delegation to update them regarding program accomplishments and elicit input regarding problem areas through FY'96.

GOAL 4: **TO IMPROVE CASE CONTROL AND MANAGEMENT INFORMATION CAPABILITIES THROUGH THE INTEGRATION OF COMPUTERS INTO AGENCY OPERATIONS AND PROCEDURES CENTERING ON CASE CONTROL, MANAGEMENT INFORMATION SYSTEMS AND FISCAL OPERATIONS.**

OBJECTIVES:

1. To implement systems enhancements throughout the DDS through FY'96.

2. To implement a fully automated Medical Evidence of Record and Personnalized Denial Notice System in FY'92.

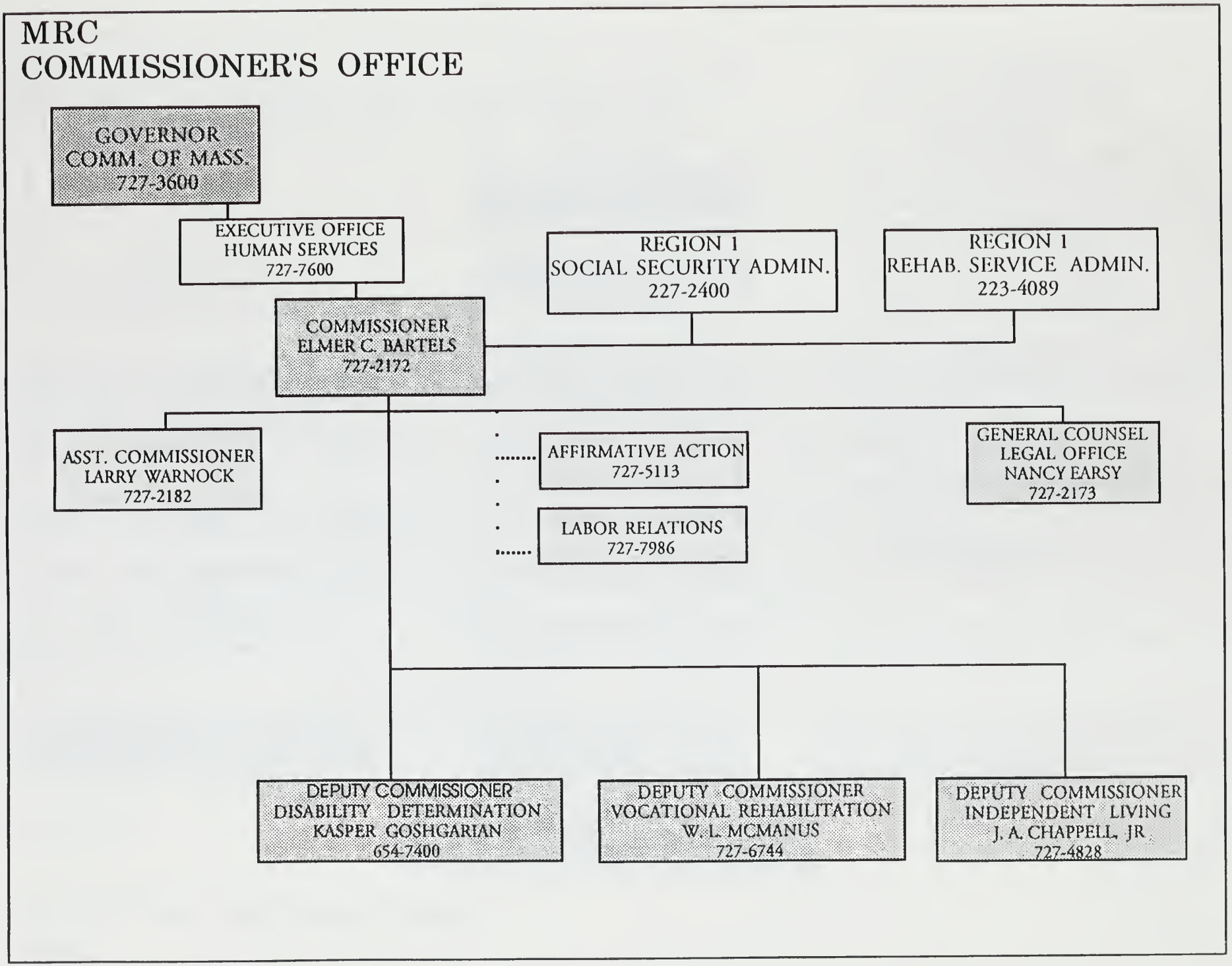
3. To implement a fully automated Consultative Examination Placement System by FY'92.

4. To integrate MMARS and DDS case processing invoice and C/E systems by FY'94.

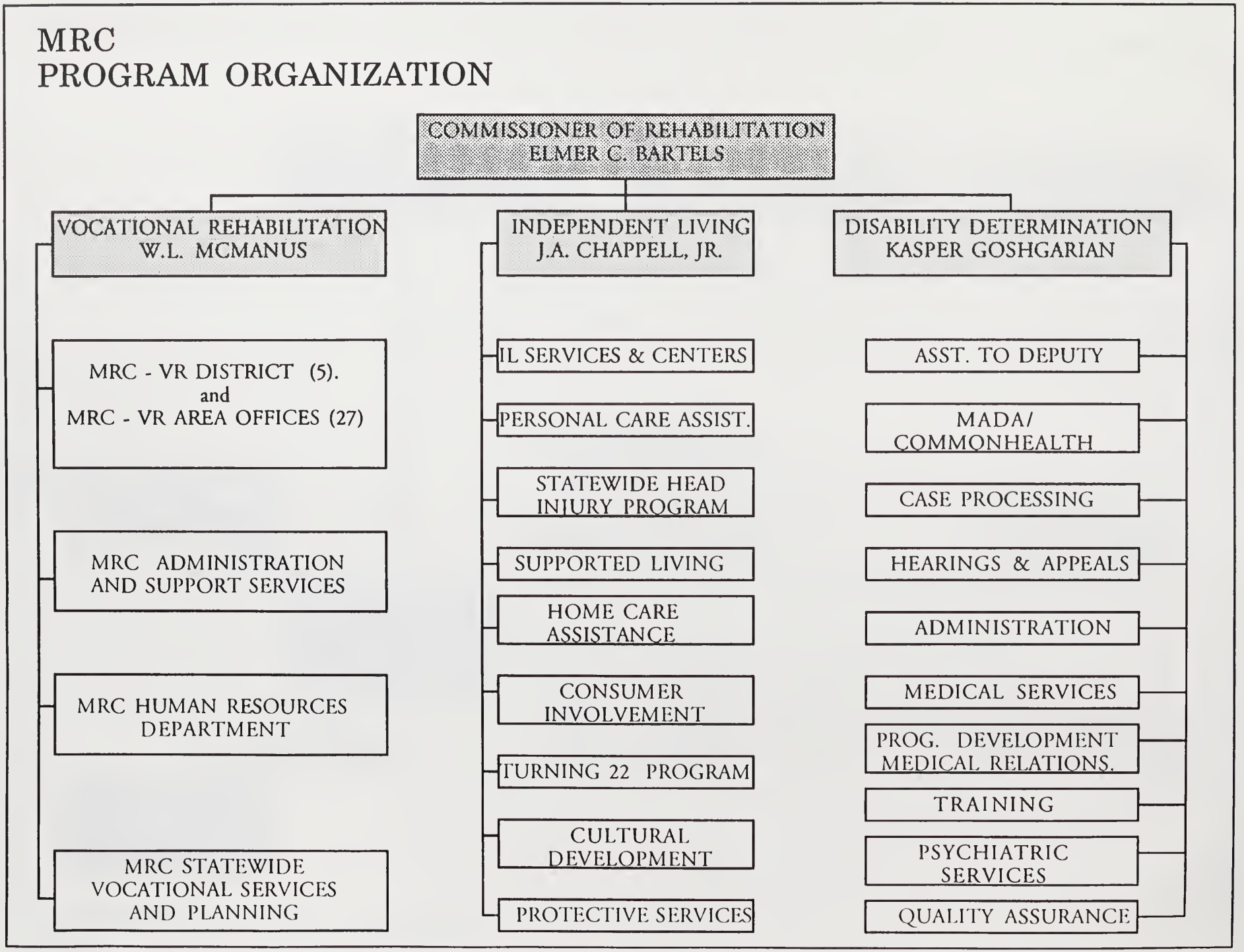
APPENDIX I

ORGANIZATIONAL CHARTS

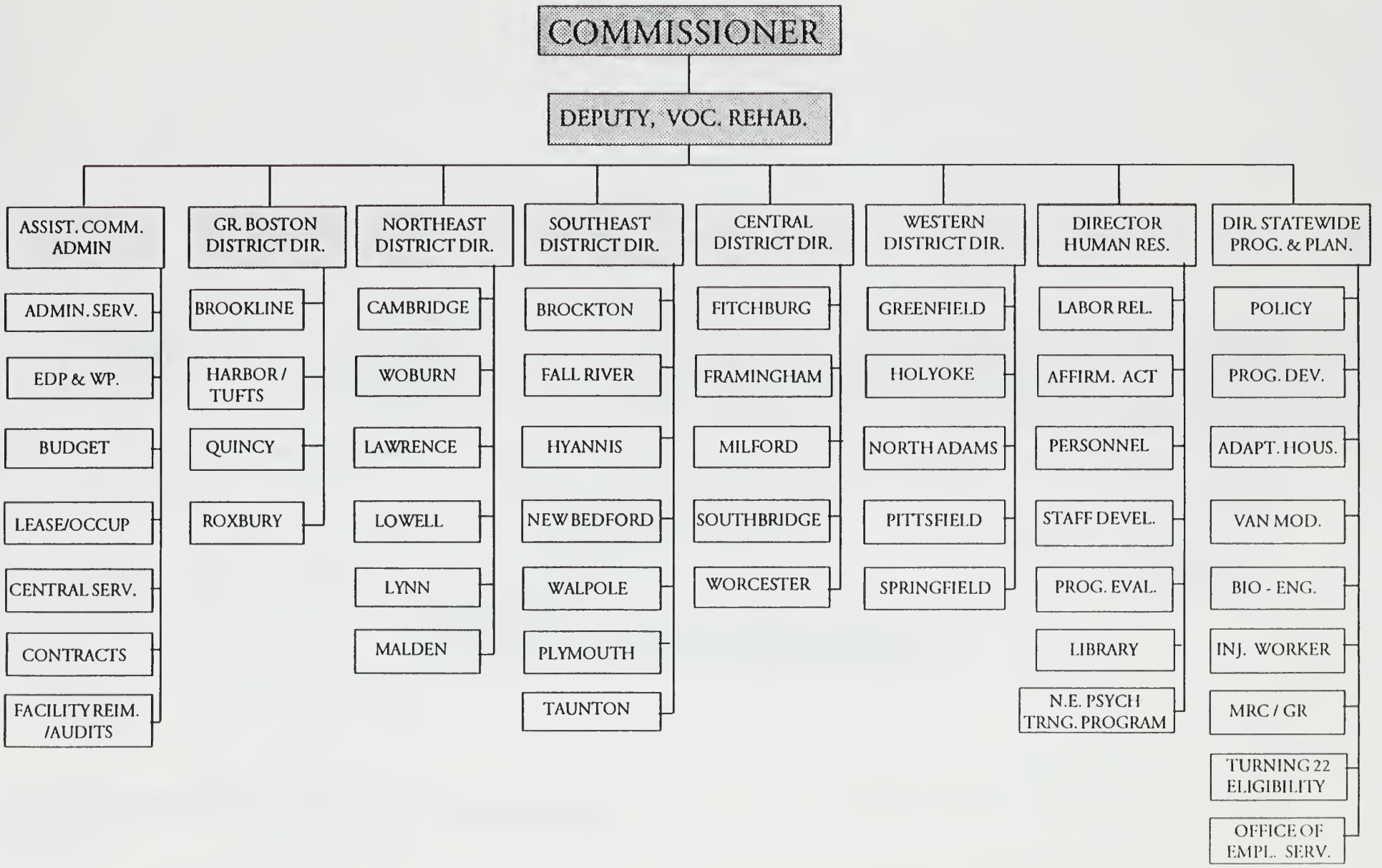
MRC
COMMISSIONER'S OFFICE



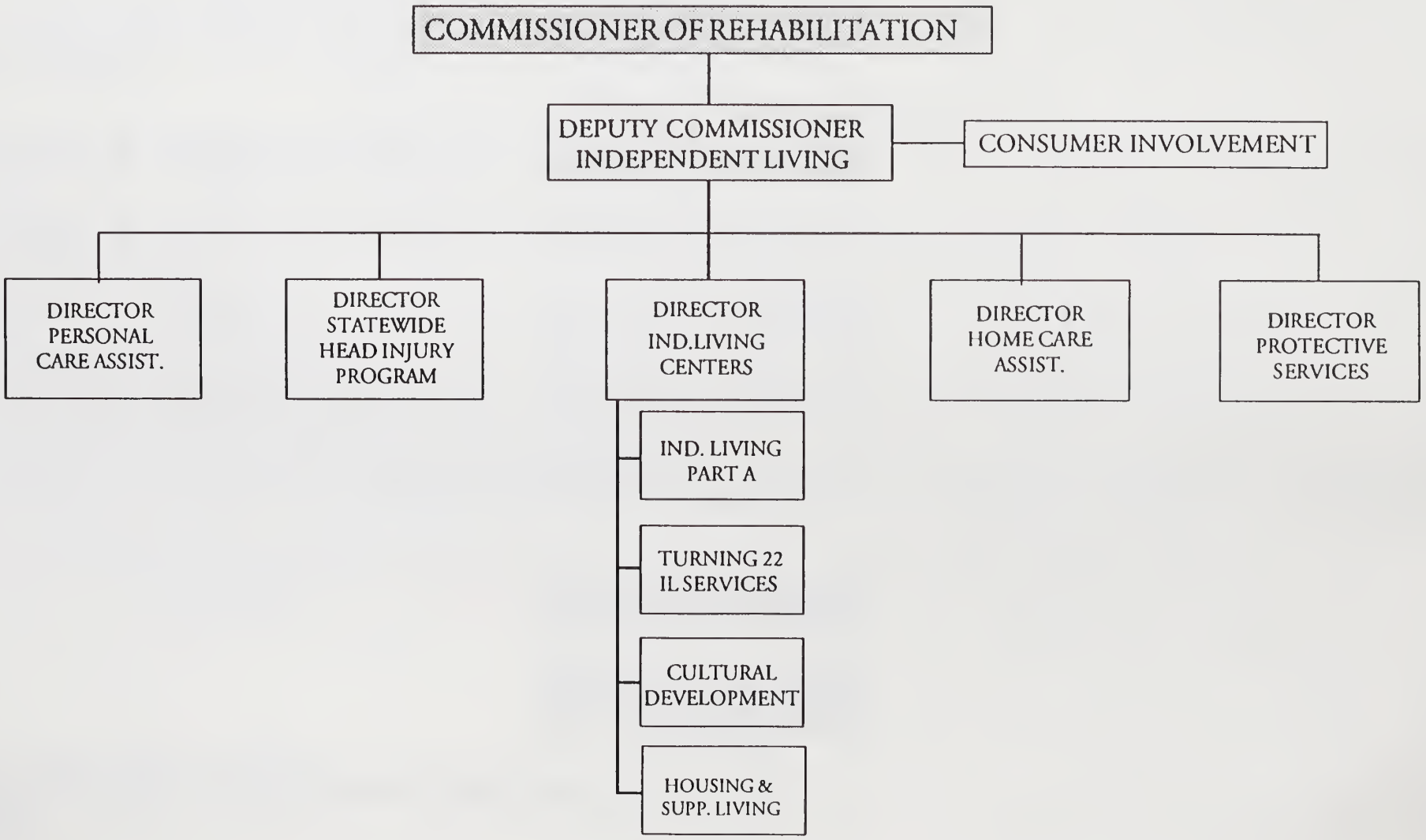
MRC
PROGRAM ORGANIZATION



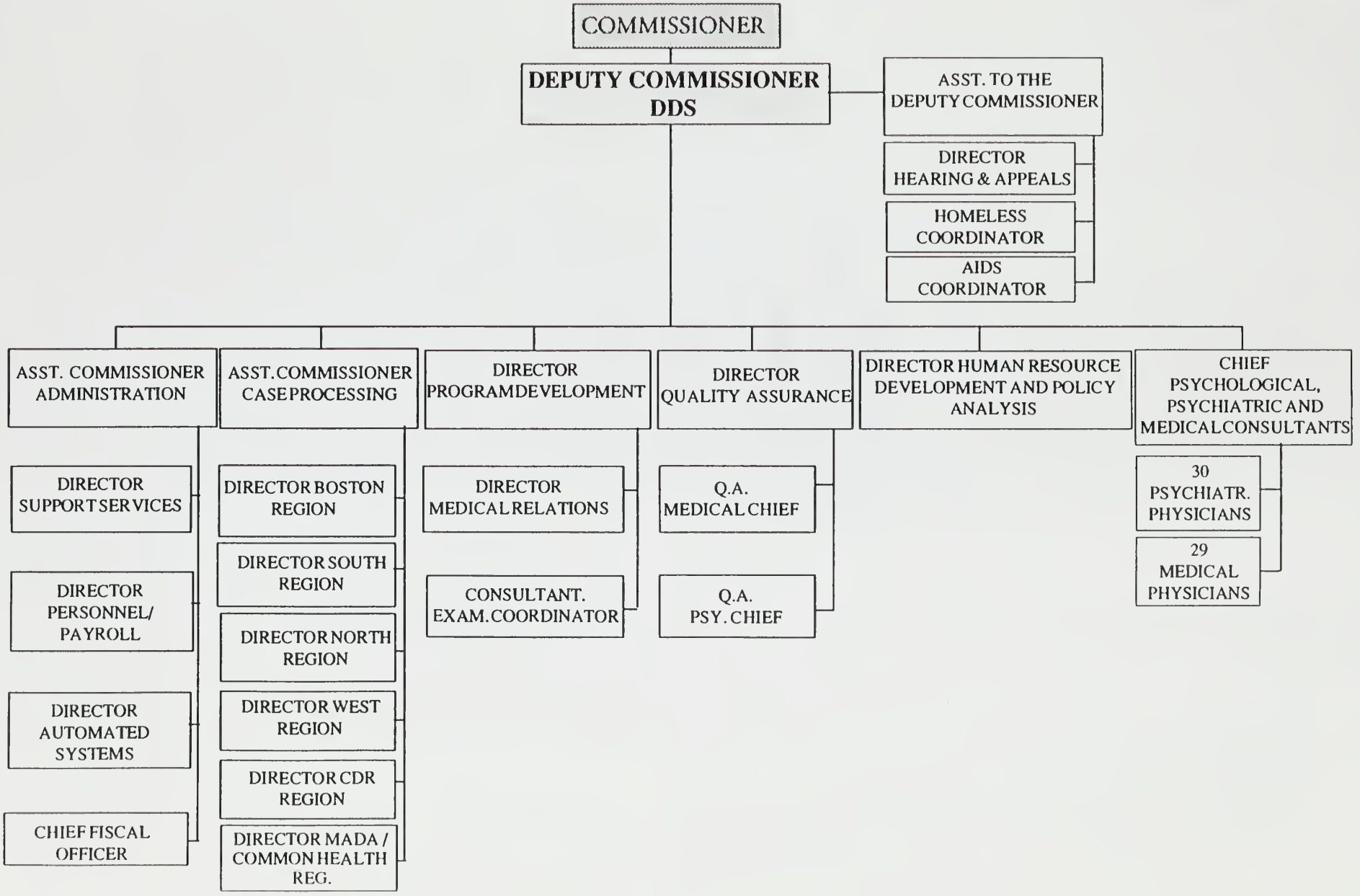
MRC
VOCATIONAL REHABILITATION DIVISION



MRC
INDEPENDENT LIVING DIVISION



MASSACHUSETTS
DISABILITY DETERMINATION SERVICES



APPENDIX II

BUDGET AND STATISTICAL INFORMATION

PROBABLE CONSTRAINTS/PARAMETERS

PROGRAM CONSTRAINTS FOR THE MRC VOCATIONAL REHABILITATION AND VOCATIONAL SERVICES PROGRAMS

1. It is expected that we shall continue to work with other human service providers (i.e., DMH, DPH, DPW, DSS, DES, MCB, etc.) towards the provision of rehabilitation and related services to our mutual populations. However, it is anticipated that many such providers will encounter funding restrictions that may result in possible reductions in their services.

2. It is expected that clients will continue to be entitled to Medicaid and/or CommonHealth benefits and services, if eligible.

3. It is anticipated that participation in the SSI/DI reimbursement program (PL 97-35) will result in progressively greater reimbusement payments to the DVR of the MRC.

4. The Job Training Partnership Act is authorized at a funding level being designated for full access to persons with disabilities in need of job training.

5. The Massachusetts State Legislature will continue to be very supportive in funding the client service programs and operations of the Massachusetts Rehabilitation Commission.

6. It is anticipated that the Commission staff will continue to be actively involved with community-based public and private organizations concerned with vocational rehabilitation and/or independent living. This includes involvement and joint efforts with consumers, facilities, providers, employers, and other such groups.

7. It is expected that the agency will continue to review all past and present interagency agreements for timeliness and relevance to present client needs.

RELEVANT FEDERAL AND STATE LEGISLATION/REGULATIONS

1. Recodified Massachusetts statutes relating to the Massachusetts Rehabilitation Commission (Chapter 513, Acts of 1980 amending MGL Chapter 6, Section 74-84).

2. Public Law 96-265, Social Security Amendments of 1980 and the Social Security Amendments of 1984 which decrease disincentives to work for Commission clients who are receiving SSI or SSDI benefits and revision of VR reimbursement program.

3. Continuation of the Rehabilitation Services Administration within the admnistrative structure of the Federal Department of Education.

4. The promulgation of regulations relevant to the "Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978."

5. The Rehabilitation Act of 1973 and its Amendments both 1978, 1983, and 1986 remaining intact.

BUDGET AND STATISTICAL STATEMENT

I. Basic VR Funding

The Rehabilitation Act of 1973 and Amendments of 1978 and 1983 were reviewed by Congress in 1988. PL 95-602 was reauthorized for 3 years and will have the continued support of Congress. For planning purposes we are assuming funding which may not be sufficient to cover inflation factors, projected at about 4%-6%, annually. Dependent upon the federal allotment to Massachusetts, continued, but modest adjustments will occur within the MRC-VR Program.

II. SSI SSDI-VR Funding

In Federal FY'82 and again in FY'89 and FY'91 the formula to receive SSI and SSDI vocational rehabilitation funds from Congress and the Social Security Administration changed to be: (basically) reimbursement to the state agency after an SSI or SSDI recipient was in substantial gainful activity (SGA) for nine consecutive months. The vocational rehabilitation division of the Massachusetts Rehabilitation Commission will participate in this 100% federally sponsored program with the knowledge that the return on investment of staff time and agency actual expense may not be fully reimbursed via the Social Security Administration.

III. Independent Living

It is predicted that federal continuation grants will continue to be received and dispensed through a Request for Proposal process. For planning purposes, we predict receipt of Part A funding in fiscal years 1991-1995.

IV. Commonwealth Funding

The Commonwealth of Massachusetts Administration and Legislature have been fiscally supportive of the Vocational Rehabilitation, Supported Work, Personal Care Assistance, Extended Employment, Home Care, Housing, Recreation, Arts, Head Injury and Turning 22 (Chapter 688) Programs, and of the Massachusetts Rehabilitation Commission receiving and administering federal grants which are part of or related to vocational rehabilitation of persons with disabilities.

V. Summary

For planning purposes, we predict the total budget to be sufficiently funded to cover most of the inflationary factors, but that will not be sufficient to serve all eligible persons in State-funded MRC Programs. There will be waiting lists for these State-funded Programs.

We anticipate continued stabilization of the Division of Vocational Rehabilitation staffing at 545 full-time equivalents, for at least the next three years for the MRC-VR.

We anticipate maintenance of State funding levels for the Supported Work and Extended Employment Program but also anticipate that there will be a waiting list for those programs.

Also, we anticipate adequate State funding for the Personal Care Assistance Program but again anticipate that there will be a waiting list for the program.

For the Statewide Head Injury Program (SHIP) we anticipate state appropriations to serve the head injured population categorized as SHIP-Priority I clients. For Independent Living we anticipate increased state support for independent living services to the deaf and to psychiatrically impaired clients...as well as individuals with physical disabilities, mobility impaired clients, persons designated as mentally retarded and for disabled clients requiring independent living services as part of a transitional service plan developed as the result of Chapter 688 legislation.

The other MRC Independent Living Division Programs of Home Care, Recreation, Housing and Part A and B of the IL Program will continue to grow, have waiting lists, and be part of the coordinated MRC service delivery and inter-EOHS agency public human service network.

For the Division of Disability Determination Services we anticipate adjusted but adequate funding from the Social Security Administration to adjudicate claims and reviews for continued SSI and SSDI benefits. Client legal issues will be resolved in the Federal courts. It is very clear that the Social Security Disability Program is administered as an insurance program for very severely, permanently disabled persons.

The Massachusetts DDS also administers a State-funded Eligibility Determination Program for Medicaid-Assistance and CommonHealth benefits.

TABLE I

VOCATIONAL REHABILITATION REVENUES

VR PROGRAM REVENUES	STATE FY'91	COMMENTS ABOUT 1992-1996
Title I	$27,772,080	At least inflation factor/cost of living factor should be added, annually.
SSI/DI-VR	$ 3,765,651	Assuming full re-imbursement of all costs, this should move to about $3,000,000 by 1992. Includes predictable year-end fiscal liquidation (due to changing payment voucher).
State Participation	$ 6,690,000	In is anticipated that state participation will remain at about the 24% of revenues, plus continue with the
Miscellaneous	$ 125,000	budget language on exemption on indirect and fringe benefit payments from the VR division to the state.
Total Revenue	$38,352,731	For planning purposes, level funding, including inflation factors is predictable.

TABLE 2

VOCATIONAL REHABILITATION EXPENDITURES

VR DIVISION EXPENSES	STATE FY'91	COMMENTS ABOUT 1992-1996
Administration	$ 5,022,675	As in the past 5 years, will increase by about 5-7% increase, each year.
Personnel	$16,789,256	Staff provide direct and administrative client services and costs will have to increase as in the labor contracts to maintain 570 full-time equivalents.
Fringe	0	Waived by the Commonwealth as part of state participation in vocational rehabilitation.
Indirect Charges	0	Waived by the Commonwealth as part of state participation in vocational rehabilitation.
Purchase of Service	$16,540,800	Will remain at about 40% of the expenses, for coupled with direct service staff expense, these line items are the basis of the program.
Group Contracts, VR Projects	($ 750,000) in pos	Through the contracting process, certain special and group projects will be funded.
Vehicle Modification/ Housing Adaptation	($ 600,000) in pos	Will grow based on state participation and support of these (non-mandated) VR services.
Total VR Expenses	$38,352,731	

TABLE 3

FEDERAL FUNDING (PART 1)

PROGRAM FUNDING	FEDERAL FY'91	COMMENTS ABOUT FED. 1992-1996
A. Division of Disability Determination	$22,449,000	100 % federally funded by the Social Security Administration.
B. Independent Living	$ 170,000 (Part A) $ 622,000 (Part B)	Will continue to receive federal funding for Part B equal to real dollar FY'83 levels, through FY'91 and increasing Part A funding, plus state funding.
C. Supported Employment	$ 450,000 (Proj.)	Will continue to be a modest federal grant.
D. Counselor, Supervisor Training	$ 106,000	Will continue to receive federal funds.
E. Psych. Rehab. Grant	$ 95,300	Special federal grant
F. Regional Tech. Assistance Grant	$ 96,000	Special federal grant
G. Management Info. Systems Grant	$ 98,000	Special federal grant
H. Social Security Demo. Project	$ 50,000	Special federal grant

TABLE 4

STATE FUNDING (PART 2)

PROGRAM FUNDING	STATE FY'91	COMMENTS ABOUT FED. 1992-1996
A. Extended Employment Program	$ 5,768,668	Will receive funding resulting in no waiting lists by 1996.
B. Personal Care Assistance Prog.	$ 984,000	Will continue to receive funding resulting in no waiting list with conversions to Common-Health.
C. Independent Living	$ 1,392,183	Will continue to receive funding for 10 ILC's statewide.
D. "Turning 22" Program	$ 666,000	Will continue to fund residential and ancillary services for individuals "Turning 22".
E. Supported Work (Mental Retardation)	$ 475,729	Will continue to expand to provide supported work and supported employment opportunities to persons designated as mentally retarded and/or developmentally disabled.
F. Home Care Assistance Program	$ 3,354,515	Will continue to receive state funding resulting in no waiting lists by 1992.
G. Supported Work (Mentally Ill)	$ 630,000	Will contine to expand to provide supported work opportunities for persons with mental illness.
H. Statewide Head Injury Program	$ 5,830,629	Will contine to be limited in its ability to serve persons with traumatic head injury, including Priority I clients.
I. Protective Services	$ 180,000	Will continue to expand to provide services to victims of intentional injury.

TABLE 4

STATE FUNDING (PART 2) (Continued)

PROGRAM FUNDING	STATE FY'91	COMMENTS ABOUT FED. 1992-1996
J. Supported Work (Physically Disabled)	$ 37,200	Will continue to expand to provide supported work opportunities for persons with physical disabilities.
K. Supported Living	$ 237,377	Will continue to fund supported living services to a limited number of individuals.
L. Cultural Programs	$ 25,000	Will provide a "base" for the program to expand upon.

TABLE 5

VOCATIONAL REHABILITATION STATISTICS STATEMENT

Statistical projections for federal fiscal year (1992-1996) for the MRC's Division of Vocational Rehabilitation.

Parameter and Assumption: As long as the Vocational Rehabilitation Division is funded and staffed to at least the federal fiscal year 1990 level, the division's projection for statistical goals are as follows:

	FED FY'89 (ACT.)	STATE FY'90 (ACT.)	STATE FY'91 (PROJ.)	STATE FY'92-96 (EST.)	COMMENTS
Referrals	17,689	19,260	19,200	19,720	Will increase due to other agencies attempts to use VR as a similar benefit.
Applicants	13,022	14,540	14,500	14,280	Same as above.
Acceptances	8,592	8,969	8,900	8,530	More referrals and applicants will result in more acceptances.
IWRP's	7,492	6,914	6,900	7,640	This will be a major control point to assure that only persons with a VR goal and who are ready for VR are active in the VR division.
Rehabilitations	4,681	4,335	4,640	4,490	The focus is on severely handicapped persons needing multi-service over an extended period of time.
Severely handicapped rehabilitation	4,213	4,074	4,130	4,190	It is projected that approximately 90% of the rehabilitation will continue to be categorized as severely handicapped.
Served	33,411	36,069	36,000	36,900	Slightly increased caseload sizes will allow for this maintenance of client service.
Staff	580	560	560	560	

TABLE 6

DDS STATISTICAL STATEMENT OF FEDERAL FY'91- FY'95

	FY 1990	FY 1991	FY 1992	FY 1993
A. TITLE II (ONLY)				
(1) INITIAL	13,186	14,158	15,073	15,073
(2) RECONSIDERATION	2,955	3,173	4,561	4,561
(3) CONTINUING DISABILITY REVIEW *	1,737	1,970	2,965	2,965
(4) PREHEARING **	118	127	212	212
(5) DEVELOPMENT REQUESTS ***	89	96	666	666
(6) DISABILITY HEARINGS UNIT CASES	49	53	122	122
TOTAL TITLE II (ONLY)	18,134	19,577	23,599	23,599
B. TITLE XVI (ONLY)				
(1) INITIAL	13,684	14,694	14,967	14,967
(2) RECONSIDERATION	2,217	2,381	3,886	3,886
(3) CONTINUING DISABILITY REVIEW *	557	632	1,159	1,159
(4) PREHEARING **	41	44	188	188
(5) DEVELOPMENT REQUESTS ***	73	78	606	606
(6) DISABILITY HEARINGS UNIT CASES	9	10	86	86
TOTAL TITLE XVI (ONLY)	16,581	17,839	20,892	20,892
C. CONCURRENT TITLE II/XVI				
(1) INITIAL	12,235	13,137	9,714	9,714
(2) RECONSIDERATION	2,691	2,891	2,675	2,675
(3) CONTINUING DISABILITY REVIEW *	648	734	1,381	1,381
(4) PREHEARING **	33	35	30	30
(5) DEVELOPMENT REQUESTS ***	101	108	517	517
(6) DISABILITY HEARINGS UNIT CASES	15	16	43	43
TOTAL TITLE II/XVI (CONCURRENT)	15,723	16,921	14,360	14,360
D. TOTAL PROCESSED				
(1) INITIAL	39,105	41,989	39,754	39,754
(2) RECONSIDERATION	7,863	8,445	11,122	11,122
(3) CONTINUING DISABILITY REVIEW *	2,942	3,336	5,505	5,505
(4) PREHEARING **	192	206	430	430
(5) DEVELOPMENT REQUESTS ***	263	282	1,789	1,789
(6) DISABILITY HEARINGS UNIT CASES	73	79	251	251
TOTAL PROCESSED	50,438	54,337	58,851	58,851

* Represents sum of State Agency Operating Report/Continuing Disability Review Subcategories for this program.

** Represents DDS review of disability claims prior to face-to-face evidentiary hearings.

*** Represents development requests from the Office of Hearings and Appeals.